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CONFIRMATION NO. 5404

SERIAL NUMBER 10/639,617	FILING DATE 08/12/2003  RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. 600-1-073CIPCON
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/212,185 03/11/1994 PAT 6,605,442  
 which is a CIP of 08/126,588 09/24/1993 ABN \*  
 and is a CIP of 08/126,595 09/24/1993 ABN \*  
 which is a CIP of 07/980,498 11/23/1992 ABN  
 which is a CIP of 07/854,296 03/19/1992 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

OK *df*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY NY	SHEETS  DRAWING 45	TOTAL  CLAIMS 68	INDEPENDENT  CLAIMS 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after All allowance Verified and Acknowledged				
Examiner's Signature <i>[Signature]</i>	Initials			

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## TITLE

Receptor recognition factors, protein sequences and methods of use thereof

<p>FILING FEE</p> <p>RECEIVED</p> <p>3968</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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